



2005

LOG NUMBER (DED INTERNAL USE ONLY)

QUALIFYING/ELIGIBLE AREA

**NEIGHBORHOOD PRESERVATION TAX CREDIT
2005 PRELIMINARY APPROVAL FORM**

PART 1A.

REQUESTOR

1. APPLICANT INFORMATION (PERSON OR ENTITY CLAIMING THE TAX CREDIT)

NAME

DEVELOPERS-COMplete THIS SECTION

Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited	Corporation <input type="checkbox"/> Regular <input type="checkbox"/> Subchapter 8 <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company
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HOMEOWNERS-COMplete THIS SECTION

☐ Property Owner ☐ Other

NAME OF AUTHORIZED COMPANY OFFICIAL		TITLE		MAILING ADDRESS	
BUSINESS ADDRESS				CITY/TOWN	
CITY/TOWN		STATE	ZIP CODE	STATE ZIP CODE	
TELEPHONE		FAX		TELEPHONE FAX	
TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)				SOCIAL SECURITY NUMBER	
NAICS CODE (See Definitions in Guidelines)				SPOUSE SOCIAL SECURITY NUMBER	
ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER				ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER	
E-MAIL ADDRESS				E-MAIL ADDRESS	

2. PROJECT CONTACT

☐ Applicant ☐ Owner ☐ Other (Consultant, etc.)

NAME		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE
TELEPHONE	FAX	

3. PROPERTY INFORMATION

NAME OF PROPERTY		
ADDRESS		
CITY/TOWN	STATE	ZIP CODE
COUNTY	CENSUS TRACT	CENSUS BLOCK

Check the Specified Enterprise Zone, if applicable:

<input type="checkbox"/>	St. Louis Midtown Enterprise Zone; (Designated 8/31/1983)
<input type="checkbox"/>	Springfield Enterprise Zone; (Designated 5/11/84 thru 4 th Expansion 11/12/86)
<input type="checkbox"/>	Wellston Enterprise Zone; (Designated 5/31/84)
<input type="checkbox"/>	Joplin Area/Webb City Enterprise Zone; (Designated 3/20/85 thru 2 nd Expansion 11/27/85)
<input type="checkbox"/>	Kansas City Enterprise Zone; (Designated 4/25/85 thru 1 st Expansion 3/16/88)
<input type="checkbox"/>	St. Joseph Buchanan County Enterprise Zone; (Designated 4/25/85)

PROPERTY (CURRENT) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial	
PROPERTY (AFTER REHABILITATION) <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial	
PROPERTY LEGAL DESCRIPTON	

4. TYPE OF PROJECT	
NEW CONSTRUCTION	REHABILITATION
IS LOT CURENTLY VACANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?	HOW OLD IS THE STRUCTURE? (PLEASE PROVIDE PROOF OF AGE)
IS THERE A STRUCTURE TO BE DEMOLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS PROPERTY ON NATIONAL REGISTER OR A DESIGNATED LOCAL HISTORICAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HOW OLD IS THIS STRUCTURE? (PLEASE PROVIDE PROOF OF AGE)	PROVIDE PROOF OF AQUISITION COST FOR 35% NPA.
WHAT IS THE PROPERTY TAX CLASSIFICATION (CONTACT LOCAL ASSESSOR)	PROVIDE PROOF OF FAIR MARKET VALUE (See Definitions in Guidelines)
HOW LONG HAS THIS PROPERTY HAD THE CURRENT CLASSIFICATION? (PROVIDE PROOF OF CLASSIFICATION)	% OF CREDIT APPROVED NPA Rehabilitation <input type="checkbox"/> 25 <input type="checkbox"/> 35 NPA New Construction <input type="checkbox"/> 15 NPA with HTC <input type="checkbox"/> 20

5. PRELIMINARY TAX CREDIT REQUEST			
Anticipated cost of rehabilitation or construction.			
YEAR	AMOUNT	YEAR	AMOUNT
ANTICIPATED TOTAL COST OF PROJECT (INCLUDE ALL YEARS)		ANTICIPATED TOTAL LABOR COST	
PROJECT START DATE		PROJECT COMPLETION DATE	

6. PROJECT INFORMATION	
ARE THERE OTHER LOCAL, FEDERAL, STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHICH FEDERAL OR STATE PROGRAM? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Missouri Housing Development Commission <input type="checkbox"/> State Historic Preservation Tax Credit Program <input type="checkbox"/> Local Community Development Block Grant <input type="checkbox"/> Other (please specify) _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Enterprise Zone <input type="checkbox"/> Community Development Block Grant <input type="checkbox"/> Neighborhood Preservation Act Tax Credit Program <input type="checkbox"/> Federal Historic Preservation Tax Credit </div> </div>	
ANTICIPATED NUMBER OF HOUSING UNITS	ANTICIPATED NUMBER OF JOBS CREATED and/or BUSINESSES CREATED, if any
PERCENT OF HOUSING UNITS OWNER-OCCUPIED	
WILL THE PROPERTY RECEIVE TAX ABATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR HOW LONG?

I certify that I am an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

- I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for neighborhood preservation.
- I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Neighborhood Preservation Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).
- I hereby agree to allow representatives of the Department of Economic Development access to the property as may be necessary and reasonable for the approval of the proposed work.
- I attest that the information that I have provided is, to the best of my knowledge, true and correct.

Name (signature)

Date

Name (printed or typed)

Applicant/Project Name (printed or typed)

Title (printed or typed)

Subscribed and sworn to before me this _____ day of _____, _____. I am commissioned as a notary public within the County of _____, State of _____. My commission expires _____.

Notary Public

PART 1B.

Detailed Description of Work: Includes site work, new construction, alterations, etc. Complete blocks below.

ITEM NUMBER: 1

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 2

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART1B. – DESCRIPTION OF REHABILITATION (continuation sheet...)**ITEM NUMBER:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$